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U.S. House of Representatives

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February 27, 2018

As Chairmen and Ranking Members of the Committee on Ways and Means and the Committee's Subcommittee on Health, following a series of hearings, and as part of our ongoing effort to respond to the opioid crisis, we are seeking feedback from stakeholders across the continuum of care to inform the development of future legislation.

In 2016, more than 42,000 Americans died from opioid-related drug overdoses – five times the rate in 1999, according to the Centers for Disease Control and Prevention (CDC).¹ Drug overdoses kill more Americans than falls, guns, or traffic accidents – and the economic burden from opioids was estimated to be \$95 billion in 2016.^{2 3} Though frequently not discussed, the epidemic is particularly problematic for the Medicare population. According to a Department of Health and Human Services (HHS) Office of Inspector General (OIG) report released in July 2017, one-third of Part D beneficiaries received an opioid prescription in 2016, costing the program \$4.1 billion and representing 79.4 million prescriptions.⁴

These numbers are unacceptable, and we look forward to partnering with stakeholders such as yourself, as well as the Administration, in this fight against the crisis within the Medicare program.

We ask that you submit this feedback to the questions below by March 15, 2018 by sending a document in Word format to WMOpioidSubmissions@mail.house.gov.

¹ CDC. Opioid Overdose. 2017. Available from: <https://www.cdc.gov/drugoverdose/index.html>

² SAMHSA. Medication Assisted Treatment - Prescription drug and opioid addiction (MAT-PDOA) program 2016 Available from: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/mat-pdoa-fact-sheet.pdf.

³ Rhyan CN. The potential societal benefit of eliminating opioid overdoses, deaths, and substance use disorders exceeds \$95 billion per year. 2017.

⁴ OIG. Opioids in Medicare Part D: Concerns about extreme use and questionable prescribing. 2017.

Overprescribing/Data Tracking

1. **Perverse Incentives in Medicare:** The Committee seeks input on perverse incentives within Medicare that spur overprescribing of opioids across all settings of care. The Committee seeks input on best practices and policies that would modify prescribing patterns to prevent opioid abuse and misuse and reduce the use of opioids in emergency departments and other outpatient settings.
2. **Second-Fill Limits:** The Committee seeks input on issues that may arise from limiting second-fill opioid prescriptions for acute pain.
3. **Tools to Prevent Opioid Abuse:** The Committee seeks input on tools currently unavailable in the Medicare program that could be used to curb opioid abuse and dependence.
4. **Medication Therapy Management (MTM):** The Committee seeks input on the value of adding beneficiaries at-risk of opioid use disorders to the list of targeted beneficiaries under the MTM program.
5. **Electronic Prior Authorization:** The Committee seeks input on the value of standardizing the electronic prior authorization process and other improvements that could be made to improve coordination and prevent abuse.
6. **Prescription Drug Monitoring Program (PDMPs):** Currently, CMS does not have access to state PDMPs. The Committee seeks input regarding state PDMP data-sharing with CMS and other health care entities. Specifically, the Committee seeks information on potential barriers to implementation.

Communication and Education

1. **Beneficiary Notification:** The Committee seeks input on the types of communications that would be appropriate for notification of the adverse effects of prolonged opioid use and alternative pain management treatment options.
2. **Prescriber Notification and Education:** The Committee seeks input on the best methods for provider education on the adverse effects of prolonged opioid use, clinical guidelines for alternative pain treatments, and clinical guidelines for opioid prescribing. The Committee also seeks input on effective ways to notify providers who prescribe such medicines in excess of their peers.

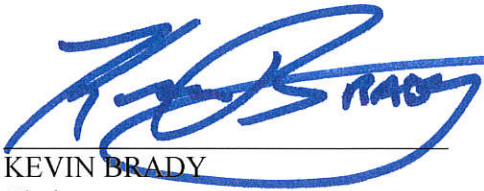
Treatment

1. **Opioid Treatment Programs (OTPs) and Medication Assisted Treatment (MAT):** The Committee seeks input from providers around best practices for identification and referral to OTPs, as well as how an OTP benefit could be integrated into the Medicare fee-for-service program – whether through bundled payments or otherwise. The Committee seeks input on the types of providers that are involved in delivery of MAT, best practices to promote coordinated and managed care, and current reimbursement challenges providers face through Medicaid and commercial plans.
2. **Reimbursement:** The Committee seeks input from providers around resource use and reimbursement issues that should be considered for the Medicare population when expanding treatment options.

3. **Alternative Options for the Treatment of Pain:** The Committee is interested in ways to effectively address pain and ideas for innovative ways to encourage multimodal treatment of pain through payment reforms or benefit changes.

Thank you for your attention to this matter,

Sincerely,



KEVIN BRADY
Chairman
Committee on Ways and Means



RICHARD NEAL
Ranking Member
Committee on Ways and Means



PETER J. ROSKAM
Chairman
Committee on Ways and Means
Subcommittee on Health



SANDER LEVIN
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